

FILED DEC 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

1003 State File No. 44560  
11752 Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Desloge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3680 Wilmington</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patrick</b> b. (Middle) <b>Zarrick</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 1953</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 26, 1885</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Resteraunt</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>	
13a. FATHER'S NAME <b>Unk Zarrick</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Zarrick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Maude Zarrick 3680 Wilmington</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio nephros</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pneumonia</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
19a. DATE OF OPERATION <b>12-9-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Prostatic enlargement</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>610X</b>			
22. I hereby certify that I attended the deceased from <b>12-8</b> , 19 <b>53</b> , to <b>12-12</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-12</b> , 19 <b>53</b> , and that death occurred at <b>5:20 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Charles Salzbach M.D.</b>				23b. ADDRESS <b>1325 So. Grand</b>		23c. DATE SIGNED <b>12-12-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-14-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>DEC 14 1953</b>		REGISTRAR'S SIGNATURE <b>Charles Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 6822 S. GRAND BLVD. ST. LOUIS 11, MO.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

as embal

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *David Van Fossen*

Licensed Embalmer No. *4248*

P. O. Address *Robinson, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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